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| Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uni PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | | A | Application or Docket Number | | | |
| CLAIMS AS FILED - PART I | | | | | | | | | | | 10/0/76// | | | |
| (Column 1) | | | | | | (Column 2) SMALL ENT | | | | 4 | / OR | ОТН | ER THAN | |
| | OR | NL | NUMBER FILED | | | BER EXTRA | 7 | | 1 | 7 | | SMAI | LL ENTITY | |
| BASIC FEE (37 CFR 1.1 | 6(a)) | | | | | DETTEXTION | \dashv | RATE | FEE | | | RATE | FEE | |
| TOTAL CLA (37 CFR 1.1 | IMS 6(c)) | | minus 20 = | | | | - | | - - | - | DR | _ | \$ | |
| INDEPENDE (37 CFR 1.1 | NT CLAIM | 18 | minus 3 = | | - | | - | X \$: | | 4 | R | × 5_= | | |
| | | IT CLAIM PRE | · · · · · · · · · · · · · · · · · · · | | | | | × \$ | 1 | _ ° | R | x s= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | | + \$= | | 。 | R | + \$= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | 0 | R ` | TOTAL | 1. | |
| 21 | PL | AIMS AS A | MENDE | ED - PAF | RT II | | | | | | | | L- | |
| 012 | 6/7 | (Cölumn 1) | | (Co | lumn 2) | (Column 2) | | | | _ | | OTHE | R THAN | |
| ∢ / | 1/ | CLAIMS REMAINING | | HIG | HEST | (Column 3) | 7 6 | SMALL | ENTITY | ~ , ° | 'K | SMALL | ENTITY | |
| TO (37 CFR 1) Independing (37 CFR 1) | | AFTER AMENDMENT | - 1 | PREV | MBER OUSLY | PRESENT EXTRA | 11. | RATE | ADDI- TIONAL | | I | RATE | ADDI- | |
| To (37 CFR | tal | 22 | Minu | | FOR | = 7 | ┨┟ | <u>-</u> - | FEE | 4 | L | | TIONAL | |
| Z Indepen | dent .16(b)) | 5 | Minu: | | 2 | = 7 | - | X \$= | -/ | OR | L | x \$= | 100 | |
| FIRST P | RESENTAT | ION OF MULTIN | | | 2 | 1 | | < \$= | /_ | OR | L | x \$= | 400 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | <u> </u> | <u> </u> | OR | . | + \$ | | |
| • . | | | | | | | OTAL DD'L SEE | | OR | | TOTAL ADD'L FEE | (10) | | |
| | | (Column 1) CLAIMS | | | ımn 2) | (Column 3) | | | | _ | | | 500 | |
| | | REMAINING AFTER | | HIGH | BER | PRESENT | | RATE | ADDI- | 7 | Г | BATE | | |
| Tota (37 CFR 1.1 | | MENDMENT | Minus | PREVIO | | EXTRA | L | | TIONAL FEE | | | RATE | ADDI- TIONAL | |
| (37 CFR 1.1 | 6(c)) | | | | | = | × | \$= | | OR | 一 | \$ = | FEE | |
| (37 CFR 1.1 | 6(b)) | | Minus | *** | | = | × | s_ = | | 1 | | | | |
| FIRST PR | ESENTATIO | N OF MULTIPL | E DEPEND | ENT CLAIM | (37 CFR | 1.16(d)) | 1 | s = | | OR | × | <u> </u> | | |
| | • | | | | | | TO | OTAL OD'L FEE | | OR | L+ T0 | S_· = | | |
| | (0 | Column 1) | | (Colum | n 2) | (Column 2) | AL | DE FEE | | OR | ΑĽ | DD'L FEE | | |
| | RI | CLAIMS EMAINING | | HIGHE | ST | (Column 3) | _ | | | | | | | |
| | 1 | AFTER ENDMENT | | PREVIOU | SLY | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL | | l | RATE | ADDI- | |
| Total (37 CFR 1.16) | | | Minus | PAID FO | | | - | | FEE | • | <u> </u> | | TIONAL FEE | |
| Total (37 CFR 1.16) Independen . (37 CFR 1.16) | t b)) | | Minus | *** | | | × \$ | | | OR | × \$ | <u> </u> | · · | |
| FIRST PRE | SENTATION | ATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | X \$ | | | OR | X \$ | | | |
| | | - mocnet | PEPENDE | NI CLAIM | 37 CFR 1 | .16(d)) | + 5 | = | | OR | + \$ | = | | |
| • If the entry | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TAL D'L FEE | | |
| * If the "High | est Numbe | Previously | | IN THIS SP. | ACE IS IS | ess than 20, ent | er "20' | : | | | | | | |
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uncluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS